FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPR									
OMB Number:	323	5-0	076						
Expires:			1						
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hours per respor			.00						

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Prefix	Serial							
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DATE RECEIVED								
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) The Country Stores, Inc.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE WOR
A. BASIC IDENTIFICATION DATA	\&\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1. Enter the information requested about the issuer	tol Orno lal
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	الراحي الأراح ال
The Country Stores, Inc.	SECTION
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
761 Big Four Road; Wiggins, MS 39577	601-928-5680
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
Operation of convenience store and restaurant	* HOUE32E()
Type of Business Organization	DEC 2 0 2006
	please specify):
business trust limited partnership, to be formed	THOMSON
Month Year	FINANCIAL
Actual or Estimated Date of Incorporation or Organization: OTO DE Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only reported thereto, the information requested in Part C, and any material changes from the information previously suppose to be filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for SULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unit filing of a federal notice.	xemption. Conversely, failure to file the ess such exemption is predictated on the

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	quested for the fol	lowing:			
			within the past five years;		
					class of equity securities of the issuer.
Each executive off	icer and director of	f corporate issuers and of	f corporate general and man	aging partners of p	artnership issuers; and
Each general and r	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Rawls, Harold K.	f individual)	4444			
Business or Residence Addre 761 Big Four Road; Wigg		Street, City, State, Zip C	code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Exocutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Rawls, Elizabeth W.	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
761 Big Four Road, Wigg	,	•			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			 .	
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)	·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Pertner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip (Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Adda	ress (Number and	Street, City, State, Zip	Code)		
	(Use bl	ank sheet, or copy and us	se additional copies of this	sheet, as necessary)

		- • •			B. II	NFORMATI	ON ABOU	t offeri	NG				
-	YY 41		4	! ! .		ll, to non-a	anaditad i	nuados in	this offeri	m.~?		Yes	No =
1.	mas ine	issuer soic	i, or goes u			n, to non-a Appendix,					,,,		
2.	What is	the minim	um investm			pted from a		_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s 0.0	0
-						-						Yes	No
3.						le unit?							X
4.	commissing of a person or states a broker	sion or sim on to be lis s, list the na r or dealer,	ilar remune ted is an ass me of the b you may s	ration for s sociated pe roker or de et forth the	colicitation rson or age caler. If mo	who has bee of purchase ont of a broke ore than five on for that	ers in conne er or deale (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	urities in t EC and/or	ne offering with a state	· }	
Ful	l Name (l	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	Street, C	ity, State, Z	ip Code)						
Lar	nd Bank S	South, FLC	A, P. O. B	ox 153, Po									
Na	me of Ass	ociated Br	oker or De	gjet									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit I	Purchasers			•			4.
	(Check	"All States	or check	individual	States)	***************************************	*************	*************	**************			A1	States
	AL	[AK]	AZ	AR	CA	[ĈÕ]	(CT)	DE	DC)	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	Ml	MN	MS	MO
	MT	NE	NV	NH	N	NM CVI	NY	NC)	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	(VA)	WA	WV	WI	WY	PR
Ful	ll Name (l	Last name	first, if ind	ividual)						•			
Bu	siness or	Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)	•					
Na	me of Ass	sociated Br	oker or De	aler				<u>.</u>			<u></u>		
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	" or check	individual	States)		***************	**************	4	******************	****************	☐ Al	l States
	AL	ĀK	AZ	AR	ĈĀ	CO	CT	[DE]	DC	FL	GA	HI	
	ĪĮ.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	M	ИЛ	NM	NY	NC	ND	OH	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA)	WA	WV	WI	WY	PR
Ful	ll Name (Last name	first, if ind	ividual)			- · · · · · · · · · · · · · · · · · · ·					-	
Ro	siness or	Residence	Address ()	Number ar	d Street, C	lity, State, 2	Zip Code)						
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)			·	<u> </u>		
			Address (I		d Street, C	City, State, 2	Zip Code)						
Na	me of Ass	sociated B	oker or De	alcr		ito Solicit							1.0.
Na	me of Ass	sociated Br	roker or De	aler s Solicited	or Intends		Purchasers					A1	1 States
Na	me of Ass	sociated Br	roker or De	aler s Solicited	or Intende	i to Solicit	Purchasers	DE	DC	FL	GA	H	ID
Na	me of Ass stes in Wi (Check	sociated Braich Persor	Coker or De Listed Ha	aler s Solicited individua	or Intends	i to Solicit	Purchasers						

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this hand a substantial offering and the substantial offering and the total amount after the substantial offering and the total amount already sold.		
	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 2,400,000.00	\$ 2,400,000.00
	Equity		
	[7] Common ☐ Preferred		· ·
	Convertible Securities (including warrants)	\$	<u> </u>
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		-
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors		<u> </u>
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		. s <u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	; ;	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] S
	Printing and Engraving Costs	[] \$
	Legal Fees	[] \$
	Accounting Fees] S
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify) FLB, Ad valorem taxes		\$ 36,000.00
	Total		\$ 36,000.00

8	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		2,364,000 00
0	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers.	
		Directors, & Affiliates	Payments to Others
5	Salaries and fees	√ \$ <u>30, 860.60</u>	\$
F	Purchase of real estate		S/70000.00
F	Purchase, rental or leasing and installation of machinery and equipment	₩\$106, 44.6	1 ∕_ s
(Construction or leasing of plant buildings and facilities	\$⟨\psi_1 \cdot \psi_2 \cdot \overline{\psi_2 \cdot \psi_2 \cdot \overline{\psi_2 \cdot \overli	s
(Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	·	
	ssuer pursuant to a merger)		
	Repayment of indebtedness		
	Working capital		
`		L	LI *
_			\$
(Column Totals	75 28288 2	7 s <u>\$ 99/01, 19</u> 6
7	Column Totals		2,364,000.
	D. FEDERAL SIGNATURE		
_	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice		

Issuer (Print or Type)

The Country Stores, Inc.

Name of Signer (Print or Type)

Harold Rawls 11-9-2006

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
 1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature
The Country Stores, Inc.	Harold 12 11-9-2006
Name (Print or Type)	Title (Print or Type)
Harold Rawls	President

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	to non-acinvestor	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ							<u> </u>		
AR									
CA									J
со						 .			
СТ									
DE								<u> </u>	
DC									
FL									
GA								<u> </u>	
н									
ID									
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KY				<u> </u>					
LA					<u> </u>				
ME									
MD									
MA							<u> </u>		
MI]	<u></u>		
MN								_	
MS	 	×	\$2,400,000 Senior Secured Term	1	\$2,400,000)			

APPENDIX 5 4 2 3 ı Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of Type of investor and to non-accredited offering price waiver granted) (Part E-Item 1) amount purchased in State offered in state investors in State (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited State Yes Investors Amount Investors Amount Yes No No MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RISC SD TN TX UT VT VA WA wv WI

				APP	ENDIX				
1	Intend to non-a investor	2 I to sell accredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR									